

Referral Form Fraud, Waste and Abuse

Please note that the following information is confidential. However, by disclosing your name, you may be contacted for additional information and may be required to testify by Little Havana Activities & Nutrition Centers of Dade County, Inc (LHANC), Centene Corporation or by the State's Department of Insurance.

To submit an anonymous referral, please fill in the information below and either mail it to Manny Fernandez, Compliance Officer at Little Havana Activities & Nutrition Centers of Dade County, Inc (LHANC), 700 SW 8th Street Miami, FL 33130.

If you do not wish to remain anonymous, please fill out the information below and email it to Manny Fernandez at manny.fernandez@lhanc.org.

Name: _____

Date: _____ **Plan:** _____ **Phone Number:** _____

Provider / Member Name: _____

Provider / Member ID (if available): _____

If a provider, type of provider/specialty: _____

What is the relationship of the informant to the provider/member?

What is the potential Fraud, Waste and/or Abuse issue?

How did you become aware of the potential issue?

Have you discussed the potential issue with anyone else?

Yes No

If yes, with whom?

If you have any additional information that would be helpful during the investigation, please list it below: